7. S. No. 2
OM—9-4-41
ev. 5-17-39
I 32-164

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25505

FILED AUG 7 1943

Registration District No. 210 — Primary Registration District No. 5768 — Registrar's No. 146

65 0 0

1. PLACE OF DEATH:
(a) County: Mercer
(b) City or town: Rural Harrison Township (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: All life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Mercer 65
(c) City or town: Rural Cainsville, Missouri. (If outside city or town limits, write "RURAL")
(d) Street No.: 4 miles S. E. of Cainsville (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Laura Orilla Graves
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Leslie Oswell Graves
6. (c) Age of husband or wife if alive: ____ years
7. Birth date of deceased: November (Month) 14 (Day) 1876 (Year)

8. AGE: Years 66 | Months 8 | Days 10 | If less than one day: ____ hr. ____ min.

9. Birthplace: Mercer County (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: Housekeeper
11. Industry or business: ____

FATHER
12. Name: Unknown
13. Birthplace: Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Elizah Oneal
15. Birthplace: Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant: Lester Hydorn
(b) Address: Cainsville, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 26 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Zion Cemetery
18. (a) Signature of funeral director: [illegible]
(b) Address: Cainsville, Missouri
19. (a) 7-31-43 (Date received local registrar) (b) [illegible] (Registrar's signature)

7117

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24th year 1943 hour 5 minute 45 P. M.
21. I hereby certify that I attended the deceased from Nov. 1, 1942 to July 23, 1943 that I last saw her alive on July 23, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetes Mellitus — Duration
Due to: ____
Due to: ____
Other conditions (Include pregnancy within 3 months of death): ____
Major findings: Of operations: ____ Of autopsy: ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): ____
(b) Date of occurrence: ____
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) 0
While at work? (e) Means of injury: ____
23. Signature: D. S. Duff (M. D. or other) ////
Address: Cainsville, Missouri. Date signed 7/25/43

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Eddie J. Stoklasa Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 3602

P. O. Address Cainsville, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.